DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VARIABLE-ORDER DELTA SIGMA MODULATOR AND DA CONVERTER

						
the application of which						
is attached hereto	OR	U was filed on as United States Application				
		Number or PCT International Application Number (Confirmation No), and was amended on				
	(Communation 110.	(if applicable).				
I hereby state that I have reviewed and used any amendment specifically referred to	nderstand the con above.	tents of the above identifi	ed application, inc	cluding the claim	ms, as amended	
I acknowledge the duty to disclose in continuation-in-part application(s), mater the national or PCT international filing da	ial information w	hich became available be	ity as defined in tween the filing da	37 CFR 1.56 ate of the prior	, including for application and	
I hereby claim foreign priority benefits un or plant breeder's rights certificate(s), or than the United States of America, listed patent, inventor's or plant breeder's rights application on which priority is claimed.	365(a) of any P(i below and have	T international application also identified below, by	n(s) which design checking the box	ated at least or , any foreign a	ne country other pplication(s) for	
		Priority Claimed				
Prior Foreign Application Number(s)	Countr	y Foreign	Filing Date	YesYes	No No	
2002-234925	Japai	າ 12 Augເ	ıst 2002	Ø		

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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02-60240

NAME OF SOLE OR FIRST INVE	NAME OF SOLE OR FIRST INVENTOR:							
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Given Name (first and middle [if any])		Family Name or Surname						
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NAME OF THIRD INVENTOR:								
Given Name (first and middle [if any])		Family Name or Surname						
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City	State	Zip		Country				
NAME OF FOURTH INVENTOR:								
Given Name (first and middle [if any])	Family Name or Surname							
Inventor's Signature		Date						
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip	!	Country				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
Mailing Address:								
	State	Zip		Country				
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